



# Hospital Inpatient Quality Reporting (IQR) Program

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## Support Contractor

### QRDA-I File Creation for CY 2016 eCQM Reporting

#### Questions & Answers

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**1 p.m. ET**

**Question 1: Where can you locate the data element definition for eCQM? The technical measure text does not include the specifics for each data element.**

*For Calendar Year (CY) 2016 reporting, please refer to the CMS 2016 Implementation Guide and 2014 eCQM Specifications for Eligible hospitals Update June 2015 located on the eCQM Library at [www.CMS.gov](http://www.CMS.gov).*



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**Question 2:** Do you know if the QDM has fixed the issue with the ED patient departure being taken from the patient status change of inpatient instead of a time stamp of the documentation?

*Please refer to the Clinical Quality Measure (CQM) Issue Tracker on JIRA (CQM-1920) for any updates or changes in resolution regarding this issue.*

**Question 3:** Can you define logic?

*Logic is the statement that defines how the measure is evaluated. These statements go through the processing and the evaluation of that patient against the rules for that eCQM. Please refer to the eCQM Measure Logic Guidance document located at:*

*<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228773851775>*

**Question 4:** At what point of the QRDA-I file creation is this logic applied? Is it in the actual creation or after submission?

*The logic is applied, most critically, after the Quality Reporting Data Architecture (QRDA) submission because that is how we determine what the outcome of the eCQM is for that patient. Keep in mind though that you can't totally exclude it from the first half, from the file creation piece, because you need to evaluate the eCQM to determine what data elements to include, for example. As you are creating and testing your files, you want to understand what the outcome of that patient will be or what you anticipate it to be. The logic is applied at both phases; file creation and as CMS evaluates measure outcomes.*

**Question 5:** How do you get to the value set to determine what codes are included?

*The Value Set Authority Center (VSAC) provides downloadable access to all*



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*official versions of vocabulary value sets contained in the 2014 CQMs. The link is located at: <https://vsac.nlm.nih.gov/#download-tab>.*

**Question 6: Is submission of an XML file still an option?**

*The QRDA is technically an Extensible Markup Language (XML). It is, however, structured a little differently than, for example, an XML submitted for IQR. XML files in a QRDA format are required for eCQMs.*

**Question 7: If a patient comes in more than once in a quarter, would each visit be one file?**

*Each patient visit within the same quarter would be considered an encounter listed in only one file. If a patient meets the criteria for multiple measures, those would all be included in one file for that quarter.*

**Question 8: So, just to clarify, it is the one file per patient per quarter per hospital or per hospital organization?**

*Each separate CMS Certification Number (CCN) would require one file per patient and per quarter.*

**Question 9: Can an organization submit both quarter three and quarter four as – and make quarter three act as a trial run?**

*Hospitals can choose to submit production files for one quarter only (either third or fourth quarter 2016). Test files will be allowed once the hospital receiving system opens. If production data is submitted for quarter three, it will be evaluated as production data.*

**Question 10: When do hospitals have to confirm what measures they are submitting electronically?**



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*Hospitals will not be required to notify CMS of which measures they plan on submitting electronically. CMS will evaluate the files that have been submitted.*

**Question 11:** **And to tail off that question, is there intent to submit screen in the QualityNet Secure Portal to be completed this year?**

*This screen will not be available to users for CY 2016 reporting. Hospitals are not required to complete the “Intent to Submit” screen located in the QualityNet Secure Portal.*

**Question 12:** **How many people can have the data up-loadable per facility?**

*There does not appear to be a limit of users of the QualityNet Secure Portal who can be assigned the Data Upload Role within a facility.*

**Question 13:** **Where can I locate the link for the downloadable PSVA tool?**

*The Pre-submission Validation Application (PSVA) tool can be downloaded from the Secure File Transfer (SFT) section of the QualityNet Secure Portal located at [www.qualitynet.org](http://www.qualitynet.org). Users must have the EHR Data Upload role assigned to their QualityNet Account in order to download and use the PSVA. The document file contains the user guide and implementation information.*

**Question 14:** **Could you further explain the zero denominators as well as the case threshold exemption?**

*Zero denominator declaration means that for a particular measure, you do not have any patients that meet the Indirect Payment Procedure (IPP) for that measure. You can claim zero denominators, meaning that you have no patients that meet the denominator of that measure. Case threshold exemptions can be used when there are five or fewer discharges during the relevant EHR quarter that would meet the denominator for a measure. In either case, a hospital’s*



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*EHR system must be certified to report a specific eCQM in order to use the zero denominator declaration and the case threshold exemption.*

**Question 15:** You mentioned that hospitals can get credits for their meaningful use program clinical quality measurement requirement by submitting eCQMs. Will that credit work for hospitals that are in full calendar year reporting period even though they are only submitting data for quarter three or quarter four for IQR?

*Hospitals that successfully submit four eCQMs from either quarter three or quarter four of 2016 to the QualityNet Secure Portal will meet the eCQM requirements for both the Hospital IQR Program and the CQM requirement for the EHR Incentive Program. Hospitals that complete aggregate reporting of 16 eCQMs for a full year through attestation will not meet the Hospital IQR Program requirements.*

**Question 16:** Is upgrading to version 1.1.2 required in order to use PSVA for file testing?

*Hospitals should be using the most current version of the PSVA Tool (1.1.2) for file testing. Although the validation rules within that file have not changed, you will need to re-download the tool for the 1.1.2 version.*

**Question 17:** Where can I locate the 2015 update to the 2014 format?

*Assuming these are eCQM questions, the CMS eCQM library page is the location. This, along with the electronic Clinical Quality Improvement (eCQI) Resource Center website, were referenced during the presentation. Those sites both have links to the eCQMs. For CY 2016 reporting, an EHR system must be certified to the 2014 Office of the National Coordinator (ONC) Standards or the 2015 Standards and Regulations Final Rule. Links are at:*  
<https://www.healthit.gov/policy-researchers-implementers/2015-edition-final-rule>.



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**Question 18:** Can you tell me where on the CMS website I can locate the updated CMS implementation guide? There's only the one from June 2015.

*For CY 2016 reporting, hospitals are required to use the CMS 2016 QRDA Implementation Guide and the updated appendix located at:*

*<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228773849716>.*

**Question 19:** How does the PSVA tool identify Medicare patients?

*The PSVA tool only looks at validation rules used to evaluate the schematron rules themselves against the file. It doesn't make any assumptions; it doesn't do any evaluations about the data. It will just say yes or no, whether your templates are correct or if the correct rules are in place for the QRDA files. It does not identify Medicare patients in any way.*

**Question 20:** Could you explain what JIRA is?

*JIRA is a site that ONC uses to track issues and other communications. Many identified QRDA, as well as eCQM, issues are tracked through JIRA. CMS/ONC uses JIRA on issues associated with eCQMs and their specifications, logic, code sets, measure intent, etc. Resolutions to these types of issues are also posted. The link to this tracking system is: <http://oncprojecttracking.org/>.*

**Question 21:** Is there a test folder in the PSVA?

*All of the PSVA validations are against one set of rules and those rules are common to test and production files.*

**Question 22:** You mentioned that the traditional IQR XML file is of a different format than required for CQM QRDA XML files. Please verify that the CQM



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**QRDA format will be accepted in 2016 for both CQM and IQR file.**

*If you are submitting eCQMs, you need to submit a QRDA file. The QRDA submissions that are successfully submitted to CMS through the QualityNet Secure Portal can count both for IQR and Meaningful Use.*

**Question 23: Just to confirm, starting with 2016, we cannot attest, we have to submit the QRDA files for a minimum of one quarter?**

*Hospitals participating in the IQR Program will not be able to attest. There is no aligned credit for attestation within the IQR Program. Hospitals are required to submit four eCQMs from either quarter three or quarter four of 2016. For those hospitals not participating in the IQR Program, there is still the option for aggregate reporting of 16 eCQMs, for a full year, through the CMS Registration and Attestation System, to meet a portion of the EHR Incentive Program requirements.*

**Question 24: If you claim zero denominator or case exemptions for four eCQMs, does that meet the IQR program requirement?**

*Yes, however, CMS asks hospitals to submit information for measures reflective of their population.*

**Question 25: If we select four eCQM measures for IQR in 2016 that are no longer chart abstracted, why do we have to start chart abstracting them as well?**

*Hospitals are only required to chart abstract the eight required measures. Hospitals may select four of the available 28 measures to submit as eCQMs.*

**Question 26: If a hospital selects an eCQM that is also required as a chart abstracted measure, such as ED-1, can we just submit one quarter of data electronically?**



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*You still need to chart abstract your ED-1 data in addition to your eCQM submission for one quarter. If a measure is required as a chart-abstracted measure, hospitals must chart abstract that measure for a full calendar year, regardless of whether it is also selected as one of the four eCQMs. If a measure is not required as chart-abstracted, hospitals are only required to submit one calendar year quarter of data (either quarter three or four of 2016).*

**Question 27: Is population and sampling required for measures that are electronically submitted?**

*Population and sampling is not required for eCQM submissions; it is, however, a requirement for those eight measures to be chart abstracted on a quarterly basis for IQR reporting.*

**Question 28: Do you recommend facilities use the PSVA tool to evaluate their data, if they are using a vendor to actually submit the eCQM data?**

*CMS highly recommends hospitals use the PSVA tool to validate their QRDA file structure prior to test and production data submissions.*

**Question 29: Where can I locate a list of CMS approved EHR vendors?**

*CMS does not provide a list of approved vendors; however, hospitals must ensure that their EHR has the ability to use EHR technology certified to the 2014 or 2015 ONC Health Information Technology (HIT) Standards for electronic reporting of CQMs by visiting the Certified Health IT Product List (CHPL) website located at: <http://oncchpl.force.com/ehrcert>.*

**Question 30: We are a specialty hospital and do not have any stroke patients, are we still required to submit the four required eCQMs for calendar year 2016?**

*Yes. All hospitals eligible and participating in the Hospital IQR Program are*





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*required to submit both the eight required chart abstracted measures and four eCQMs; these are program requirements to be eligible for their Annual Payment Update (APU). The stroke, STK-4, measure is a required chart abstracted measure and is also available as an eCQM. If there are no stroke patients at your hospital, then you would have no cases to submit and the population and sampling count would need to be entered as zero.*

**Question 31: Can hospitals utilize more than one certified EHR vendor to submit their eCQM?**

*Hospitals may have multiple vendors; however, it is important to have one file per patient, per quarter, per CCN number. For example, if you have two different vendors submitting different measures, there may be issues to work through before taking that approach. If this is the case, please submit your question to the question and answer tool located at: <https://cms-ip.custhelp.com>.*

**Question 32: Who do we call if we have questions about meaningful use and attestation?**

*Please contact the Electronic Health Record Information Center (EHRIC) at 1-888-734-6433, and press option one.*

**Question 33: Our IT department has questions on the eCQM specification and code set. Where can we obtain answers for these types of questions?**

*Please submit your questions to the ONC Jira Tracking system located at: <http://oncprojecttracking.org>.*

**Question 34: Could you resend a patient file or is the stipulation one file one time?**

*You can resend a file. What you need to be aware of is, again, the one file per patient per quarter. So, if we evaluate a file, we look at specific criteria to*



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*determine if it is a duplicate. If it is a duplicate, it will overwrite. If the CCN, the patient ID, the reporting program, and the reporting period match, the subsequent submission will overwrite the initial submission. What is important to consider is that, if you have different measures within that file, you could potentially lose measures. For example, if you submit Stroke and Emergency Department (ED) measures in the first submission, and then, in the second submission, you only submit ED, only those ED measures will be recognized. That's why it's very important to have that one file per patient per quarter. In other words, the answer is yes, you can resubmit, but be aware of changes to data that you could potentially create with that resubmission.*

**Question 35: Does the PSVA tool catch the duplicate patient file to eliminate one patient multiple visits?**

*The PSVA tool is not able to evaluate that type of data. It confirms validation rule file formats only. It does not evaluate the data within the file.*

**Question 36: In reviewing the eCQM components, I'm unable to get a clear picture where the diagnosis codes for the population for the eCQMs are located at. Are these the same as in the IQR specification manual for each quality measure?**

*The value set itself, the value set ID, is listed in the eCQM. From there, you can go to the Value Set Authority Center (VSAC) and review the specific codes within each of those value sets. The link is located at:  
<https://vsac.nlm.nih.gov/#download-tab>.*

**Question 37: Has a date been determined when the PSVA tool will begin to accept test files?**

*The PSVA tool is currently available; however, the receiving system is not currently accepting test files. CMS will notify users through a ListServe when*



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*the system is able to accept test files.*

**Question 38:** How can I make sure I'm subscribed to the ListServe?

*Please go to [qualitynet.org](http://qualitynet.org) and go to "Join ListServes," on the far left, middle of the home page. Once you select the **Notifications and Discussions** link, you will see a blue box named "Resources" on the top left. From there, select **What Lists am I subscribed to?** and provide your email.*

**Question 39:** With the implementation of eCQMs, has there been any discussion of concern regarding the increased throughput times of ED-1 and ED-2 given that Observation Unit admission/order times will not be taken into consideration for the e-measures (even though they are used for the chart-abstracted measures currently)?

*Please review the JIRA website to determine if this has been a point of discussion among the provider community. Data submitters are invited to express their concerns on the JIRA website for review and response from measure developers. <http://oncprojecttracking.org/>*

**Question 40:** Is there a process workflow or a swim lane diagram available?

*Please visit the eCQI Resource Center's eCQM Tools at <https://ecqi.healthit.gov/> for more details regarding high level process flows.*

**Question 41:** If one person met four measures, would the hospital's requirement be met at that time? As in the example, the person met several measures.

*The submission of eCQMs is representative of 100% of the population that meets IPP within that timeframe.*

**Question 42:** Where do you get the Measure Exception forms available for facilities that



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**do not have an Emergency Department and/or an Obstetrics Unit?**

*Facilities can locate the Inpatient Prospective Payment System (IPPS) Measure Exception Form on [Qualityreportingcenter.com](http://Qualityreportingcenter.com) under the Hospital IQR Program “Resources and Tools.”*

**Question 43: If the EMR that we use is certified for Meaningful Use and they say they can create a QRDA file, will that file already be in the format that CMS wants? For example one patient, one file per quarter? Or, do I need to contact our vendor and make sure that this is set up correctly?**

*Vendors should be utilizing the [2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#) and the Appendix posted on the eCQM Library as their guide to structure files for data submission.*

**Question 44: If we just submitted modified stage 2 data in February of this year for a 90 day attestation, does that mean that for 2017 we submit a full year of data for at least four eCQMs?**

*Reporting requirements have not been outlined for CY 2017. Please contact the EHR Information Center for specific details regarding registration and attestation.*

**Question 45: How will the QRDA files be validated by CMS?**

*At this time, CMS has not provided guidance for methods of validation of eCQMs. CMS will signal their intent in future proposed and final rules.*

**Question 46: Are there any financial or other implications for low performance rates on any of these eCQMs?**

*According to the 2016 IPPS Final Rule, hospitals are required to successfully submit at least four eCQMs from either quarter three or four of 2016 by*



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*February 28, 2017. Hospitals that participate in the Hospital IQR Program and fail to submit eCQMs are at risk for failing their APU. For FY 2018, this is a one fourth of a point reduction in the applicable percentage increase on their APU for the applicable payment year.*

**Question 47: PSVA only checks grammar/syntax--is there a way to find out how complete the file is and whether the care was compliant?**

*PSVA is focused on the proper structure of the file format in relation to the creation and successful submission of the QRDA-I file. Data quality validation activities will be determined and released to the community at a later date.*

**Question 48: How do we go about getting a user setup for EHR Data Role?**

*Please contact the QualityNet Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org) or by calling 1-866-288-8912.*

**Question 49: Our hospital produces QRDA-1 files ourselves, and would like to use PSVA for testing. Can anyone from our hospital obtain a QSP User Account and the EHR Data Upload role, or it has to be a single person representing entire organization?**

*To submit eCQM data, hospitals will need to have a QualityNet account and request the EHR Data Upload role by contacting the QualityNet Help Desk at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).*

**Question 50: Value Set Authority Center required USER ID & password from end users. It is very confusing to complete this step. Can your team provide DETAILED instructions to end users on how to gain access to the VSC?**

*The VSAC website offers video tutorials on their website as well as a User's Forum, which has archived presentations of how to access the values sets,*



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*timeframe for updates, etc. Please visit the website for more details*  
<https://www.nlm.nih.gov/vsac/support/>.

**Question 51:** Our EHR vendor has the ability to pull an XML file in QRDA format per measure, not per patient. Is the only choice to work with the vendor to change this, or are there options from CMS for this issue?

*The requirement for QRDA-I file submission is one file, per patient, per quarter. Vendors should be utilizing the [2016 CMS QRDA Implementation Guide for Eligible Professional Programs and Hospital Quality Reporting](#) and the Appendix posted on the eCQM Library as their guide to structure files for data submission.*

**Question 52:** Is it a requirement to submit directly from the EMR or can we use third party?

*The requirement is to utilize a certified EHR to submit QRDA-I files. A vendor can be designated to submit data on your behalf by contacting the Quality Net staff. The specific vendor will need to have a QualityNet account and the EHR Data Upload Role assigned.*

**Question 53:** Is there a file naming convention that we need to use?

*A file naming convention has not been specified.*

**Question 54:** What is the penalty for not reporting?

*Hospitals that do not participate, or participate but fail to meet Hospital IQR Program requirements, receive a one-fourth reduction in the applicable percentage increase on their APU for the applicable payment year.*

**Question 55:** Do you even need to submit if you do not have any patients that meet the



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**eCQMs that your EHR has the capability to submit?**

*For CY 2016 reporting, the application of the zero denominator declaration may be applicable in your scenario. Please review the criteria to determine if this will fit the needs of your organization.*

**Question 56:** In the 2015 and 2016 EH measures, which contain negation / contraindication to specific medications, the algorithms appear to still require the RxNorm Ingredient specific value when it is the value set OID that should be referenced per QRDA-I Release 3. Will QRDA files submitted, which reference the RXNORM value instead of the OID, be accepted?

*If you were unable to locate the information in the 2016 CMS Implementation Guide for Quality Reporting Document Architecture Category I and Category III Eligible Professional Programs and Hospital Quality Reporting (HQR) or in the appendix, please visit the JIRA website (<http://oncprojecttracking.org/>) to review if this question has been addressed. If not, you are welcome to pose the question for CMS to address.*

**Question 57:** Are zero denominator scenarios required to be reported electronically through QRDA, or is the expectation that they be entered manually into QNet as is done currently?

*Users would continue to utilize the denominator declaration screen within the QualityNet Secure Portal to enter zero denominator declarations and submit case threshold exemption counts.*

**Question 58:** We built out the same four measures for all of our hospitals. If some of our hospitals do not have denominators for those measures, will they still count to satisfy the four eCQMs required in 2016?

*Please review the criteria for zero denominator declaration to determine if this*



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*addresses your concerns.*

**Question 59:** With the one file per patient per quarter logic, is that only for episodes of care that the patient is in the IPP for a measure being submitted? So, if a patient has one stroke episode of care and one pneumonia episode of care, and the facility has not selected to submit pneumonia measures, do we still include that episode of care in the QRDA?

*Utilizing the intent to submit measures screen within the QualityNet Secure Portal was an optional action when hospitals voluntarily submitted eCQMs. The intent to submit screen will not be active for CY 2016 reporting. The data submitted for each measure is reliant on the measures your EHR is certified to report.*

**Question 60:** Could you please clarify: If measures are retired in the IQR chart abstraction, but we already started building eCQM for these measures (example VTE), can we still submit them for eCQM and not IQR

*Facilities who successfully submit at least four of the available 28 eCQMs identified for CY 2016 reporting fulfill the electronic reporting requirement of the IQR Program. Please review the updated version of the Eligible Hospital (EH) measures posted on the eCQI Resource Center, the eCQM page of the QualityNet webpage or visit the eCQM Library for more details.*

**Question 61:** We are a very small hospital with a geriatric population and an average census of about five patients per day. Most of the measures are zero for AMI, Stroke etc. Can we claim an exception for the four eCQM measures that are required? Where can you go to discuss this with someone? Most quarters we have one or two clinical measures that we abstract for five or less patients. Thank you for this answer.

*According to the 2016 IPPS Final Rule, Acute-Care Hospitals participating in*





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*the IQR Program are required to submit four eCQMs. Please revisit the criteria for the Case Threshold Exemption to determine if this is applicable to your facility. To utilize the Case Threshold Exemption the following criteria is applied: 1) a hospital's EHR System has to be certified to report data on that measure; 2) there are five or fewer discharges during the relevant EHR reporting quarter.*

**Question 62:** **What you are saying about sending both eCQM and abstracted data is different from what was said on the webinar on 2/16 where we were told that four eCQM was all that was need to satisfy IQR and MU.**

*The presentations alluded to communicate to data submitters that the submission of eCQMs for the IQR Program does not eliminate the requirement to submit data for the chart abstracted, web based, and claims based measures (please see slide 11 from the February 16, 2016, webinar for more clarification). Data submitters are also advised to visit the QualityNet website to review IQR Program reporting requirements (see slide 9 from the February 16 2016, webinar). As the presentations indicate, the successful electronic submission of at least four of the 28 eCQMs in the QRDA-I format fulfills the electronic reporting option requirement for the EHR Incentive Program. Additionally, data submitters are also advised to visit the EHR Incentive Program website for the full program reporting requirements (referenced on slide 18 from the February 16 2016, webinar).*

**Question 63:** **If 10/1/16 – 2/28/17 is the first time we have to submit eCQM, will this become a yearly submission just like the other measures?**

*Any suggestions for modifications to submission deadlines will be signaled by CMS in a future IPPS proposed rule.*

**Question 64:** **Sorry if I missed this: Does a certified EHR product mean it can create**



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#### QRDAs?

*A Certified EHR Product is required to fulfill a number of criteria. Among those is the ability to report eCQMs. Hospitals are encouraged to work with their vendor to identify which specific eCQMs their EHR is certified to report. Please visit the [CHPL website](#) for additional details or email [ONC.Certification@hhs.gov](mailto:ONC.Certification@hhs.gov) with questions.*

**Question 65: Can you sample eCQM or is it 100% submission?**

*The submission of eCQM Data should be a 100% representation of population data.*

**Question 66: Will the Quality Net Feedback reports function to display the eCQMs submitted for end users to refer to and compare against their facility eCQM reports – for accuracy of eCQM submissions"?**

*Several EHR reports will be available to facilities and offer different levels of detail. For example, an eCQM Submission & Performance Report will be provided for test and production data submissions detailing patient level measure calculations.*